			<u> </u>			1	9.	10	21					
	·								Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003 1/02/553/ 1004-503														
		553/ 10916558/												
CLAIMS AS FILED - PART I								ALL E	NTITY		OTHER	THAN		
			(Column 1)		(Column 2)		TY	PE [OR	SMALL			
TOTAL CLAIMS			25					RATE	FEE]	RATE	FEE		
FOR			NUMBER FILED		NUMBER EXTRA		ВА	SIC FE	385.00	OR	BASIC FEE	770.00°		
TOTAL CHARGEABLE CLAIMS			9 5 minus 20=		• 5		;	(\$ 9=		OR	X\$18=	90		
INDEPENDENT CLAIMS			H minus 3 =					X43=		OR	X86=	96		
ML	ILTIPLE DEPE	NDENT CLAIM P	RESENT					4.45	 	1		8.0		
* If the difference in column 1 is less than zero, enter "0" in column 2							145=		OR	+290=				
12-2808						Т	OTAL	Ļ	OR	TOTAL.	946			
, -	CLAIMS AS AMENDED - PART II							RAAI I	ENTITY	OTHER THAN OR SMALL ENTITY				
	f===0	CLAIMS HIGH		EST	(Column 3)		MACE	ADDI-	1	SMALL	ADDI-			
AMENDMENT A		REMAINING AFTER		PREVIO		PRESENT EXTRA	F	RATE	TIONAL		RATE	TIONAL		
	T-4-1	AMENDMENT		PAID	FOR	 / 	· .		FEE			FEE		
	Total	1 25	Minus	- 20		=/		\$ 9=	<u> </u>	OR	X\$18=			
	Independent	NTATION OF M	Minus	DENIDENT	CLANA		>	(43=		OR	X86=			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							145=		OR	+290=				
						•	L	TOTAL	•		TOTAL			
(Column 1) (Column 2) (Column 3)								IT. FEE		1011	ADDIT. FEE			
	•	CLAIMS		HIGH	ST				ADDI-	1		ADDI-		
AMENDMENT B		REMAINING AFTER		NUMB PREVIO		PRESENT EXTRA	RAT	ATE	TIONAL		RATE	TIONAL		
		AMENDMENT		PAID	OR		╽┢╸		FEE_		:	FEE		
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	`	(Column 1) CLAIMS	•	(Colum		(Column 3)	<u> </u>		455.	. 1		1000		
Z ŀ		REMAINING AFTER AMENDMENT		NUMB PREVIO PAID F	USLY	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
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	• Hitho cotor in column 4 in loca than the court is seen to see a seen to see									OR	+290≈	•		
** H	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR ,	TOTAL ODIT, FEE			
n	i vie "Highest Nur The "Highest Nurn	mber Previously Pa ber Previously Paid	ns FriNTHI For (Total or	5 SPACE is Independe	less that nt) is the	n 3, enter "3." highest number		T. FEE	propriat box		.mn 1.			
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